



Problem Gambling Case Management Service Plan

Initial plan must be completed within 14 days of intake.
 New updated plans should be completed every 30 days

Client ID Number:

Client Name:

Date:

CM Need: <i>Should match Admission & Assessment Options</i>	Goal Statement: <i>Should be in individual's own words</i>	Objective(s): <i>What are the objectives related to the needs identified by individual? Ex. Individual needs transportation for appointments.</i>	Action Steps: <i>What steps will be taken to achieve the objective? Ex. Local public transportation provider will be contacted regarding a bus pass.</i>	Target Date:

Client Signature:		Date:	
Staff Signature:		Date:	

Check here if multiple pages are needed for additional Case Management needs on the Problem Gambling Case Management Service Plan



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 Ph: 717-783-8200 Fax: 717-787-6285

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